

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	WD.	DEP.	WD.	DEP.	WD.	DEP.
1						
2						
3						
4		1				
5						
6		1				
7		1				
8		1				
9		1				
10						
11						
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44						
45						
46						
47						
48						
49						
50						
TOTAL WD.	4					
TOTAL DEP.	17					
TOTAL WD.	21	Excess	Excess	Excess	Excess	

WD.	DEP.	WD.	DEP.	WD.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
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91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL WD.					
TOTAL DEP.					
TOTAL	122/25		125/32		123/26

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